PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved for use infough in 2007, Wild 0031-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/789,842			ing Date 27/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN ALL ENTITY
	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A	385	1	N/A	
$\boxtimes$	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A			N/A	0	]	N/A	
$\boxtimes$	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A	0		N/A	
	CFR 1.16(i))		24 minus 20 =		• 4		П	X \$9 =	36	OR	x \$ =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	S	3 minus 3 =		• 0			X \$43 =	0		x \$ =	
Ď	APPLICATION SIZE 37 CFR 1.16(s))	FEE she is \$ add	ets of pap 250 (\$125 itional 50	er, the a for sma sheets o	gs exceed 100 in size fee due for each in thereof, See CFR 1.16(s).							
ш	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	421	J	TOTAL	L
L	APPI	OED – F		OTHER THAN SMALL ENTITY OR SMALL ENTITY								
AMENDMENT	10/24/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	* 29	Minus	** 24		= 5	П	X \$25 =	125	OR	x s =	
	Independent (37 CFR 1.16(h))	• 4	Minus	3		= 1	П	X \$100 =	100	OR	x s =	
M	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	225	OR	TOTAL ADD'L FEE	
		(Column 1)		,	mn 2)	(Column 3)						
AMENDMENT	10/16/2007	CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))	· 27	Minus	<b></b> 29		= 0	П	X \$25 =	0	OR	x \$ =	
	Independent (37 CFR 1.16(h))	• 4	Minus	*** 4		= 0	П	X \$105 =	0	OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))									]		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR		
Γ							•	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
*** It	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "liquide Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  Daverina B. Williams  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.12 and 37 CFR 1.4. It has location in estimated to the 12 minutes to complete, encuding pathenapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERT information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450.